

**United States Bankruptcy Court  
Northern District of Illinois**

**Voluntary Petition**

Name of Debtor (if individual, enter Last, First, Middle): <b>Mendenhall, Walter</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all): <b>0008</b>	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) /Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>7359 S. Luella  Unit 1  Chicago, IL</b>	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE <b>60649</b>	ZIPCODE
County of Residence or of the Principal Place of Business: <b>Cook</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address)	Mailing Address of Joint Debtor (if different from street address):
ZIPCODE	ZIPCODE
Location of Principal Assets of Business Debtor (if different from street address above):	
ZIPCODE	

<p><b>Type of Debtor</b>  (Form of Organization)  (Check <b>one</b> box.)</p> <p><input checked="" type="checkbox"/> Individual (includes Joint Debtors)  <i>See Exhibit D on page 2 of this form.</i></p> <p><input type="checkbox"/> Corporation (includes LLC and LLP)</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Other (If debtor is not one of the above entities,  check this box and state type of entity below.)</p> <hr/> <p><b>Chapter 15 Debtor</b>  Country of debtor's center of main interests:</p> <hr/> <p>Each country in which a foreign proceeding by,  regarding, or against debtor is pending:</p> <hr/>	<p><b>Nature of Business</b>  (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Health Care Business</p> <p><input type="checkbox"/> Single Asset Real Estate as defined in 11  U.S.C. § 101(51B)</p> <p><input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Clearing Bank</p> <p><input type="checkbox"/> Other</p> <hr/> <p><b>Tax-Exempt Entity</b>  (Check box, if applicable.)</p> <p><input type="checkbox"/> Debtor is a tax-exempt organization under  Title 26 of the United States Code (the  Internal Revenue Code).</p>	<p><b>Chapter of Bankruptcy Code Under Which  the Petition is Filed</b> (Check <b>one</b> box.)</p> <p><input type="checkbox"/> Chapter 7      <input type="checkbox"/> Chapter 15 Petition for  Recognition of a Foreign  Main Proceeding</p> <p><input type="checkbox"/> Chapter 9      <input type="checkbox"/> Chapter 15 Petition for  Recognition of a Foreign  Nonmain Proceeding</p> <p><input type="checkbox"/> Chapter 11</p> <p><input type="checkbox"/> Chapter 12</p> <p><input checked="" type="checkbox"/> Chapter 13</p> <hr/> <p><b>Nature of Debts</b>  (Check <b>one</b> box.)</p> <p><input checked="" type="checkbox"/> Debts are primarily consumer  debts, defined in 11 U.S.C.  § 101(8) as "incurred by an  individual primarily for a  personal, family, or house-  hold purpose."</p> <p><input type="checkbox"/> Debts are primarily  business debts.</p>
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<p><b>Filing Fee</b> (Check one box)</p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals  only). Must attach signed application for the court's  consideration certifying that the debtor is unable to pay fee  except in installments. Rule 1006(b). See Official Form 3A.</p> <p><input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals  only). Must attach signed application for the court's  consideration. See Official Form 3B.</p>	<p><b>Chapter 11 Debtors</b></p> <p><b>Check one box:</b></p> <p><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).</p> <p><b>Check if:</b></p> <p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less  than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>).</p> <p>-----</p> <p><b>Check all applicable boxes:</b></p> <p><input type="checkbox"/> A plan is being filed with this petition</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in  accordance with 11 U.S.C. § 1126(b).</p>
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<p><b>Statistical/Administrative Information</b></p> <p><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for  distribution to unsecured creditors.</p> <hr/> <p>Estimated Number of Creditors</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 1-49</td> <td><input checked="" type="checkbox"/> 50-99</td> <td><input type="checkbox"/> 100-199</td> <td><input type="checkbox"/> 200-999</td> <td><input type="checkbox"/> 1,000-5,000</td> <td><input type="checkbox"/> 5,001-10,000</td> <td><input type="checkbox"/> 10,001-25,000</td> <td><input type="checkbox"/> 25,001-50,000</td> <td><input type="checkbox"/> 50,001-100,000</td> <td><input type="checkbox"/> Over 100,000</td> </tr> </table> <hr/> <p>Estimated Assets</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table> <hr/> <p>Estimated Liabilities</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> \$0 to \$50,000</td> <td><input type="checkbox"/> \$50,001 to \$100,000</td> <td><input checked="" type="checkbox"/> \$100,001 to \$500,000</td> <td><input type="checkbox"/> \$500,001 to \$1 million</td> <td><input type="checkbox"/> \$1,000,001 to \$10 million</td> <td><input type="checkbox"/> \$10,000,001 to \$50 million</td> <td><input type="checkbox"/> \$50,000,001 to \$100 million</td> <td><input type="checkbox"/> \$100,000,001 to \$500 million</td> <td><input type="checkbox"/> \$500,000,001 to \$1 billion</td> <td><input type="checkbox"/> More than \$1 billion</td> </tr> </table>	<input type="checkbox"/> 1-49	<input checked="" type="checkbox"/> 50-99	<input type="checkbox"/> 100-199	<input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000	<input type="checkbox"/> 50,001-100,000	<input type="checkbox"/> Over 100,000	<input checked="" type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,001 to \$100,000	<input checked="" type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$500,001 to \$1 million	<input type="checkbox"/> \$1,000,001 to \$10 million	<input type="checkbox"/> \$10,000,001 to \$50 million	<input type="checkbox"/> \$50,000,001 to \$100 million	<input type="checkbox"/> \$100,000,001 to \$500 million	<input type="checkbox"/> \$500,000,001 to \$1 billion	<input type="checkbox"/> More than \$1 billion	<p><b>THIS SPACE IS FOR  COURT USE ONLY</b></p>
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<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Mendenhall, Walter</b>	
<b>All Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>None</b>	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b).  <div style="display: flex; justify-content: space-between;"> <span><b>X</b> <u>/s/ Thomas Drexler</u></span> <span><b>3/09/15</b></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature of Attorney for Debtor(s)</span> <span>Date</span> </div>	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  <div style="text-align: center; margin-bottom: 10px;"> <hr style="width: 80%; margin: 0 auto;"/>                 (Name of landlord that obtained judgment)             </div> <div style="text-align: center; margin-bottom: 10px;"> <hr style="width: 80%; margin: 0 auto;"/>                 (Address of landlord)             </div> <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

**Voluntary Petition**

(This page must be completed and filed in every case)

Name of Debtor(s):

**Mendenhall, Walter**

**Signatures**

**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Walter Mendenhall

Signature of Debtor

**Walter Mendenhall**

**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

**March 9, 2015**

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

**Signature of Attorney\***

**X** /s/ Thomas Drexler

Signature of Attorney for Debtor(s)

**Thomas Drexler 03121687**

**Thomas W. Drexler**

**221 North LaSalle Street, Suite 1600**

**Chicago, IL 60602**

**td@drexlaw.com**

**March 9, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

**X**

Signature

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

IN RE:

Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Walter Mendenhall

Date: March 9, 2015

IN RE:

Case No. \_\_\_\_\_

Mendenhall, Walter

Chapter 13

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 45,750.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 28,510.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 14,833.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	14		\$ 81,325.32	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 5,503.24
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$ 4,533.00
TOTAL		30	\$ 45,750.00	\$ 124,668.32	

IN RE:

Case No. \_\_\_\_\_

Mendenhall, Walter

Debtor(s)

Chapter 13

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 14,833.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 950.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$ 15,783.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ 5,503.24
Average Expenses (from Schedule J, Line 22)	\$ 4,533.00
Current Monthly Income (from Form 22A-1 Line 11; <b>OR</b> , Form 22B Line 14; <b>OR</b> , Form 22C-1 Line 14 )	\$ 9,892.18

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 28,510.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 14,833.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 81,325.32
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 109,835.32

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				

TOTAL0.00

(Report also on Summary of Schedules)

IN RE Mendenhall, Walter

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		<b>Cash</b>		<b>50.00</b>
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>American Express Debit Card Approximate Balance</b>		<b>2,000.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Usual complement of household goods</b>		<b>750.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Gold Watch</b>		<b>500.00</b>
		<b>Usual complement of man's clothing</b>		<b>450.00</b>
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issue.	<b>X</b>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>401(k) through employer Gross estimate of value</b>		<b>11,000.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			

IN RE Mendenhall, Walter

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		<b>Potential Illinois 2014 state tax refund (estimated)</b>		<b>2,000.00</b>
		<b>Potential Wisconsin state tax refund 2012, 2013, 2014 (estimated)</b>		<b>7,000.00</b>
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		<b>2005 Kia Rio</b>		<b>2,000.00</b>
		<b>2010 Chevrolet Traverse</b>		<b>20,000.00</b>
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			

IN RE Mendenhall, Walter

Debtor(s)

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>45,750.00</b>

0 continuation sheets attached

(Include amounts from any continuation sheets attached.  
Report total also on Summary of Schedules.)

IN RE Mendenhall, Walter

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. \*

(Check one box)

☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Cash	735 ILCS 5 §12-1001(b)	50.00	50.00
American Express Debit Card Approximate Balance	735 ILCS 5 §12-1001(b)	2,000.00	2,000.00
Usual complement of household goods	735 ILCS 5 §12-1001(b)	750.00	750.00
Gold Watch	735 ILCS 5 §12-1001(a)	500.00	500.00
Usual complement of man's clothing	735 ILCS 5 §12-1001(a)	450.00	450.00
401(k) through employer Gross estimate of value	40 ILCS 5 §§22-230, 4-135, 6-213, 19-117	11,000.00	11,000.00
Potential Illinois 2014 state tax refund (estimated)	735 ILCS 5 §12-1001(b)	2,000.00	2,000.00
Potential Wisconsin state tax refund 2012, 2013, 2014 (estimated)	735 ILCS 5 §12-1001(b)	7,000.00	7,000.00
2005 Kia Rio	735 ILCS 5 §12-1001(c)	2,000.00	2,000.00
2010 Chevrolet Traverse	735 ILCS 5 §12-1001(c)	20,000.00	20,000.00

\* Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 6335		Installment Account opened 10/2012				28,510.00	28,510.00
GM Financial		2010 Chevrolet Traverse					
PO Box 191145		Auto Loan					
Arlington, TX 76096		VALUE \$ 20,000.00					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
ACCOUNT NO.							
		VALUE \$					
Subtotal (Total of this page)						\$ 28,510.00	\$ 28,510.00
Total (Use only on last page)						\$ 28,510.00	\$ 28,510.00

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☒ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
**(Continuation Sheet)****Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	
ACCOUNT NO. <b>Internal Revenue Service</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19101-7346</b>	<b>X</b>	<b>2013 Income Taxes</b>				<b>7,000.00</b>	<b>7,000.00</b>		
ACCOUNT NO. <b>Internal Revenue Service</b> <b>P.O. Box 7346</b> <b>Philadelphia, PA 19101-7346</b>		<b>2014 Taxes</b>				<b>7,833.00</b>	<b>7,833.00</b>		
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims						Subtotal (Totals of this page)	\$ <b>14,833.00</b>	\$ <b>14,833.00</b>	\$
(Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						Total	\$ <b>14,833.00</b>		
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)						Total		\$ <b>14,833.00</b>	\$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>09 Vanguard National Rent A Car</b> <b>5810 E Skelly Dr Ste 200</b> <b>Tulsa, OK 74135</b>		<b>OPEN ACCOUNT OPENED 0/</b>				<b>125.00</b>
ACCOUNT NO. <b>M A R S Inc</b> <b>5810 E Skelly Dr Ste 200</b> <b>Tulsa, OK 74135</b>		<b>Assignee or other notification for:</b> <b>09 Vanguard National Rent A Car</b>				
ACCOUNT NO. <b>9315</b> <b>Accelerated Rehab Centers</b> <b>2396 Momentum Pl</b> <b>Chicago, IL 60689</b>		<b>Medical</b>				<b>465.76</b>
ACCOUNT NO. <b>Accenture Ax</b> <b>255 W 36th St Rm 505</b> <b>New York, NY 10018</b>		<b>OPEN ACCOUNT OPENED 6/2009</b>				<b>5,373.00</b>

13 continuation sheets attached

Subtotal  
(Total of this page) \$ **5,963.76**

Total  
(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Bilateral Co</b> <b>255 W 36th St Rm 505</b> <b>New York, NY 10018</b>		<b>Assignee or other notification for:</b> <b>Accenture Ax</b>				
ACCOUNT NO. <b>2850</b> <b>ADT</b> <b>C/O National Actiona Financial Services</b> <b>P.O. Box 9027</b> <b>Williamsville, NY 14231</b>		<b>Alarm monitoring service</b>				<b>857.10</b>
ACCOUNT NO. <b>Adt Security Service</b> <b>P.O. Box 371490</b> <b>Pittsburgh, PA 15250</b>		<b>Assignee or other notification for:</b> <b>ADT</b>				
ACCOUNT NO. <b>2337</b> <b>Adt Security Service</b> <b>P.O. Box 371490</b> <b>Pittsburgh, PA 15250</b>		<b>Alarm Monitoring Service</b>				<b>135.89</b>
ACCOUNT NO. <b>0186</b> <b>Alta Bates Summitr Medical Center</b> <b>3012 Summit St., 4th Floor</b> <b>Oakland, CA 94609</b>		<b>Medical</b>				<b>126.46</b>
ACCOUNT NO. <b>5321</b> <b>American Medical Collection Agency</b> <b>Re: Quest Diagnostics</b> <b>P.O. Box 1235</b> <b>Elmsford, NY 10523</b>		<b>Medical</b>				<b>79.44</b>
ACCOUNT NO. <b>V148</b> <b>Aria Healthcare</b> <b>PO Box 802017</b> <b>Chicago, IL 60680</b>		<b>Medical</b>				<b>6.24</b>

Sheet no. 1 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,205.13**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2591 AT&T P.O. Box 6428 Carol Stream, IL 60197		Phone service				79.90
ACCOUNT NO. 2162 Blitt And Gaines C/O Midland Funding, LLC 661 Glenn Ave Wheeling, IL 60090		Loan of Money				1,275.16
ACCOUNT NO. 0905 Blitt And Gaines C/O North Shore Gas 661 Glenn Ave Wheeling, IL 60090		Utility Service				235.43
ACCOUNT NO. 4860 Brown & Joseph, LTD C/O Integrys Energy Services PO Box 59838 Schaumburg, IL 60159-0838		Utility Service				25.00
ACCOUNT NO. 8505 Cap One Po Box 85520 Richmond, VA 23285		REVOLVING ACCOUNT OPENED 6/2011				575.00
ACCOUNT NO. 3527 CBSJ Financial Corp C/O Children's Hospital/Oakland PO Box 4115 Concord, CA 94524						105.64
ACCOUNT NO. Chase Bank Usa N.a. 8875 Aero Dr Ste 200 San Diego, CA 92123		OPEN ACCOUNT OPENED 5/2012				1,275.00

Sheet no. 2 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,571.13**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Midland Funding</b> <b>8875 Aero Dr Ste 200</b> <b>San Diego, CA 92123</b>		<b>Assignee or other notification for:</b> <b>Chase Bank Usa N.a.</b>				
ACCOUNT NO. <b>6579</b> <b>Chase Card</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b>		<b>REVOLVING ACCOUNT OPENED 5/1998</b> <b>Misc Charges</b>				<b>2,669.73</b>
ACCOUNT NO. <b>1383</b> <b>Chase National Payment Services</b> <b>PO Box 182223</b> <b>Columbus, OH 43218</b>		<b>misc</b>				<b>187.49</b>
ACCOUNT NO. <b>4705</b> <b>Check &amp; Go</b> <b>2083 Middlebelt</b> <b>Garden City, MI 48135</b>		<b>Loan of Money</b>				<b>676.45</b>
ACCOUNT NO. <b>4930</b> <b>Checkcredit</b> <b>PO Box 11848</b> <b>Lexington, KY 40578-1848</b>		<b>Loan of Money</b>				<b>47.00</b>
ACCOUNT NO. <b>8281</b> <b>City Of Oakland</b> <b>250 Frank H. Ogawa Plaze, 1st Floor</b> <b>Oakland, CA 94612</b>		<b>Garbage pickup</b>				<b>153.04</b>
ACCOUNT NO. <b>3878</b> <b>City Of Oakland</b> <b>Dept. 34374</b> <b>PO Box 39000</b> <b>San Francisco, CA 94139</b>		<b>False Burglary Alarm</b>				<b>223.00</b>

Sheet no. 3 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **3,956.71**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5087</b> <b>Com Ed</b> <b>P.O. Box 1702</b> <b>New York, NY 10110-1702</b>		<b>Electric bill</b>				<b>112.54</b>
ACCOUNT NO. <b>7013</b> <b>Comcast</b> <b>4500 Salisbury Rd Ste 10</b> <b>Jacksonville, FL 32216</b>		<b>OPEN ACCOUNT OPENED 11/2012</b>				<b>377.00</b>
ACCOUNT NO. <b>Stellar Recovery Inc</b> <b>4500 Salisbury Rd Ste 10</b> <b>Jacksonville, FL 32216</b>		<b>Assignee or other notification for:</b> <b>Comcast</b>				
ACCOUNT NO. <b>0405</b> <b>Comcast</b> <b>1500 Market St</b> <b>Philadelphia, PA 19102</b>		<b>cable/internet</b>				<b>365.86</b>
ACCOUNT NO. <b>7013</b> <b>Comcast</b> <b>1500 Market St</b> <b>Philadelphia, PA 19102</b>		<b>Cable/Internet service</b>				<b>376.99</b>
ACCOUNT NO. <b>Comerica Bank</b> <b>P O Box 1838</b> <b>Ann Arbor, MI 48103</b>		<b>OPEN ACCOUNT OPENED 5/2014</b>				<b>1,842.00</b>
ACCOUNT NO. <b>L J Ross Associates In</b> <b>P O Box 1838</b> <b>Ann Arbor, MI 48103</b>		<b>Assignee or other notification for:</b> <b>Comerica Bank</b>				

Sheet no. **4** of **13** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,074.39**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>LJ Ross Associates. Inc.</b> <b>C/O Comerica Bank</b> <b>PO Box 6099</b> <b>Jackson, MI 49204-6099</b>		<b>Assignee or other notification for:</b> <b>Comerica Bank</b>				
ACCOUNT NO. <b>LJ Ross Associates. Inc.</b> <b>C/O Comerica Bank</b> <b>PO Box 6099</b> <b>Jackson, MI 49204-6099</b>		<b>Assignee or other notification for:</b> <b>Comerica Bank</b>				
ACCOUNT NO. <b>4248</b> <b>Credit Collection Services</b> <b>C/O Quest Diagnostics</b> <b>P.O. Box 55126</b> <b>Boston, MA 02205-5126</b>		<b>Medical Services</b>				<b>79.44</b>
ACCOUNT NO. <b>9510</b> <b>Credit Collection Services</b> <b>Commonwealth Edison</b> <b>P.O. Box 55126</b> <b>Boston, MA 02205-5126</b>		<b>Electric Service</b>				<b>294.84</b>
ACCOUNT NO. <b>2422</b> <b>Directv</b> <b>P.O. Box 9001069</b> <b>Louisville, KY 40290</b>		<b>Cable</b>				<b>90.24</b>
ACCOUNT NO. <b>Drakeshire Dental</b> <b>20793 Farmington Road</b> <b>Farmington Hills, MI 48336-5182</b>		<b>Dental</b>				<b>22.00</b>
ACCOUNT NO. <b>0014</b> <b>DTE Energy</b> <b>PO Box 740786</b> <b>Cincinnati, OH 45274-0786</b>		<b>Gas bill</b>				<b>238.61</b>

Sheet no. **5** of **13** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **725.13**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5801</b> <b>Educational Credit Management Corporatio</b> <b>ATTN: Treasury Offset</b> <b>PO Box 16288</b> <b>St. Paul, MN 55116</b>		<b>Student Loan</b>				<b>27,527.50</b>
ACCOUNT NO. <b>5948</b> <b>Electronic Bill Payment Services</b> <b>PO Box 4544</b> <b>Carol Stream, IL 60197-4544</b>		<b>Directv Service</b>				<b>98.00</b>
ACCOUNT NO. <b>F. Marie Cole</b> <b>203 N. LaSalle, Suite 2100</b> <b>Chicago, IL 60601</b>		<b>Attorney fees</b>				<b>4,500.00</b>
ACCOUNT NO. <b>F. Marie Cole</b> <b>203 N. LaSalle, Suite 2100</b> <b>Chicago, IL 60601</b>		<b>January 21, 2015</b>				<b>4,500.00</b>
ACCOUNT NO. <b>2070</b> <b>Firstsource Advantage</b> <b>PO Box 628</b> <b>Buffalo, NY 14240</b>		<b>Misc Charges</b>				<b>1,275.16</b>
ACCOUNT NO. <b>0100</b> <b>Geico</b> <b>One Geico Plaza</b> <b>Bethesda, MD 20811-0001</b>		<b>Insurance Premium</b>				<b>unknown</b>
ACCOUNT NO. <b>0men</b> <b>Global Connections</b> <b>P.O. Box 5096</b> <b>Chicago, IL 60680-5096</b>	<b>X</b>	<b>Time Share</b>				<b>1,763.49</b>

Sheet no. 6 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **39,664.15**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>6579</b> <b>Global Credit Collection</b> <b>300 International Dr</b> <b>Williamsville, NY 14221</b>		<b>Misc Charges</b>				<b>2,669.27</b>
ACCOUNT NO. <b>0850</b> <b>Global Netwk</b> <b>5320 College Blvd.</b> <b>Overland Park, KS 66211</b>		<b>CREDITLINE ACCOUNT OPENED 3/2012</b>				<b>1,792.00</b>
ACCOUNT NO. <b>0905</b> <b>Harris &amp; Harris</b> <b>111 W Jackson</b> <b>Suite 400</b> <b>Chicago, IL 60604</b>		<b>Misc City of Chicago cHARGES</b>				<b>unknown</b>
ACCOUNT NO. <b>5628</b> <b>Illinois Bone &amp; Joint Institute</b> <b>5057 Paysphere Cir</b> <b>Chicago, IL 60674-0050</b>		<b>Medical</b>				<b>25.57</b>
ACCOUNT NO. <b>1478</b> <b>Illinois Department Of Healthcare &amp; Fami</b> <b>Division Of Child Support</b> <b>36 S. Wabash Ave</b> <b>Chicago, IL 60621</b>		<b>Arrearages</b>				<b>559.38</b>
ACCOUNT NO. <b>7737</b> <b>J &amp; L Teamworks</b> <b>651 N. Cherokee Lane</b> <b>Lodi, CA 95240</b>		<b>Misc Charges</b>				<b>175.92</b>
ACCOUNT NO. <b>0912</b> <b>Lake County Department Of Public Works</b> <b>650 W. Winchester Rd</b> <b>Libertyville, IL 60049-1391</b>		<b>Water bill</b>				<b>107.74</b>

Sheet no. 7 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,329.88**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3327 <b>Libertyville Vision Center</b> <b>307 S. Milwaukee Ave</b> <b>Libertyville, IL 60048</b>		<b>Vision</b>				<b>338.32</b>
ACCOUNT NO. 6615 <b>LJ Ross Associates. Inc.</b> <b>C/O Comerica Bank</b> <b>PO Box 6099</b> <b>Jackson, MI 49204-6099</b>						<b>1,842.49</b>
ACCOUNT NO. <b>Med1 Accelerated Rehab Centers</b> <b>1824 W. Grand Ave Ste 200</b> <b>Chicago, IL 60622</b>		<b>Open Account</b>				<b>100.00</b>
ACCOUNT NO. 5737 <b>Metro Square Dental Associates</b> <b>10 W. Phillip Rd., Suite 105</b> <b>Vernon Hills, IL 60061-1799</b>		<b>Dental Services</b>				<b>28.00</b>
ACCOUNT NO. 4420 <b>National Payment Center</b> <b>P.O. Box 105028</b> <b>Atlanta, GA 30348-5028</b>		<b>Misc Charges</b>				<b>2,463.54</b>
ACCOUNT NO. 1383 <b>Nationwide Credit, Inc.</b> <b>P.O. Box 26314</b> <b>Lehigh Valley, PA 18002</b>		<b>Loan of Money</b>				<b>187.49</b>
ACCOUNT NO. <b>North Shore Gas</b> <b>111 W Jackson Blvd S-400</b> <b>Chicago, IL 60604</b>		<b>OPEN ACCOUNT OPENED 9/2013</b>				<b>239.00</b>

Sheet no. 8 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **5,198.84**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Harris &amp; Harris Ltd</b> <b>111 W Jackson Blvd S-400</b> <b>Chicago, IL 60604</b>		<b>Assignee or other notification for:</b> <b>North Shore Gas</b>				
ACCOUNT NO. <b>0462</b> <b>North Shore Gas</b> <b>PO Box 19083</b> <b>Green Bay, WI 54307-0083</b>		<b>Gas bill</b>				<b>238.89</b>
ACCOUNT NO. <b>North Shore Gas Company</b> <b>4615 Dundas Dr Ste 102</b> <b>Greensboro, NC 27407</b>		<b>OPEN ACCOUNT OPENED 6/2014</b>				<b>238.00</b>
ACCOUNT NO. <b>Source Receivables Man</b> <b>4615 Dundas Dr Ste 102</b> <b>Greensboro, NC 27407</b>		<b>Assignee or other notification for:</b> <b>North Shore Gas Company</b>				
ACCOUNT NO. <b>8765</b> <b>North Shore University Healthsystem</b> <b>Attn: Billing Department</b> <b>23056 Network Place</b> <b>Chicago, IL 60673-1230</b>		<b>Medical</b>				<b>879.89</b>
ACCOUNT NO. <b>8765</b> <b>North Shore University Healthsystem</b> <b>Attn: Billing Department</b> <b>23056 Network Place</b> <b>Chicago, IL 60673-1230</b>		<b>Medical</b>				<b>535.86</b>
ACCOUNT NO. <b>6299</b> <b>Northstar Location Services</b> <b>4285 Genessee Street</b> <b>Cheektowaga, NY 14225-1943</b>		<b>Misc Purchases</b>				<b>1,275.16</b>

Sheet no. **9** of **13** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **3,167.80**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Old Kent Bank - Chicago</b> <b>1 Imation Place</b> <b>Oakdale, MN 55128</b>		<b>OPEN ACCOUNT OPENED 12/2010</b>				
ACCOUNT NO. <b>Ecmc</b> <b>1 Imation Place</b> <b>Oakdale, MN 55128</b>		<b>Assignee or other notification for:</b> <b>Old Kent Bank - Chicago</b>				
ACCOUNT NO. <b>Optimumsports Spinal Rehab.</b> <b>4736 Main St Ste 4</b> <b>Lisle, IL 60532</b>		<b>OPEN ACCOUNT OPENED 10/2013</b>				<b>826.00</b>
ACCOUNT NO. <b>Abc Credit &amp; Recovery</b> <b>4736 Main St Ste 4</b> <b>Lisle, IL 60532</b>		<b>Assignee or other notification for:</b> <b>Optimumsports Spinal Rehab.</b>				
ACCOUNT NO. <b>9225</b> <b>Pacific Gas &amp; Electric</b> <b>PO Box 997340</b> <b>Sacramento, CA 95899</b>		<b>Utility Service</b>				<b>177.93</b>
ACCOUNT NO. <b>7737</b> <b>Palo Alto Medical Foundation</b> <b>PO Box 60000</b> <b>San Francisco, CA 94160</b>		<b>Medcial Services</b>				<b>160.00</b>
ACCOUNT NO. <b>0462</b> <b>Peoples Engy</b> <b>200 East Randolph</b> <b>Chicago, IL 60601</b>		<b>OPEN ACCOUNT OPENED 8/2012</b> <b>Utility Service</b>				<b>0.00</b>

Sheet no. 10 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,163.93**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
Total  
\$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7518</b> <b>Peoples Engy</b> <b>200 East Randolph</b> <b>Chicago, IL 60601</b>		<b>OPEN ACCOUNT OPENED 9/2010</b> <b>Utility Service</b>				<b>0.00</b>
ACCOUNT NO. <b>0581</b> <b>Portfolio Recovery Associates LLC</b> <b>P.O. Box 12914</b> <b>Norfolk, VA 23541</b>		<b>Misc Collection</b>				<b>1,957.01</b>
ACCOUNT NO. <b>5679</b> <b>Professional Recovery Systems</b> <b>PO Box 5790</b> <b>Vacaville, CA 95696-5790</b>		<b>Water Service</b>				<b>421.38</b>
ACCOUNT NO. <b>East Bay Municipal Utility District</b> <b>PO Box 1000</b> <b>Oakland, CA 94649-0001</b>		<b>Assignee or other notification for:</b> <b>Professional Recovery Systems</b>				
ACCOUNT NO. <b>1355</b> <b>Quest Diagnostics</b> <b>C/O AMCA</b> <b>P.O. Box 1235</b> <b>Elsmford, NY 10523</b>		<b>Medical Services</b>				<b>30.58</b>
ACCOUNT NO. <b>3926</b> <b>Quest Diagnostics</b> <b>C/O AMCA</b> <b>P.O. Box 1235</b> <b>Elsmford, NY 10523</b>		<b>Medical Services</b>				<b>79.44</b>
ACCOUNT NO. <b>4922</b> <b>Receivables Performance Managment</b> <b>20816 44th Ave W</b> <b>Lynwood, WA 98036</b>		<b>Misc Collection</b>				<b>161.48</b>

Sheet no. 11 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **2,649.89**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)  
\$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0000 <b>Renaissance Reovery Services, Inc.</b> <b>PO Box 1095</b> <b>Park Ridge, IL 60068</b>		<b>Misc Collection</b>				<b>826.00</b>
ACCOUNT NO. <b>Robertson &amp; Associates</b> <b>C/O Data-Central, LLC</b> <b>7915 S. Emerson Ave., Suite B-230</b> <b>Indianapolis, IN 46237</b>		<b>Misc Collections</b>				<b>1,954.28</b>
ACCOUNT NO. 1114 <b>Slm Financial Corp</b> <b>Po Box 9500</b> <b>Wilkes-barre, PA 18773</b>		<b>INSTALLMENT ACCOUNT OPENED 11/1989</b>				
ACCOUNT NO. 4049 <b>Sn Servicing</b> <b>323 5th St</b> <b>Eureka, CA 95501</b>		<b>MORTGAGE ACCOUNT OPENED 6/2007</b>				<b>0.00</b>
ACCOUNT NO. <b>Sprint</b> <b>3080 S Durango Dr Ste 20</b> <b>Las Vegas, NV 89117</b>		<b>OPEN ACCOUNT OPENED 10/2014</b>				<b>508.00</b>
ACCOUNT NO. <b>Allied Collection Serv</b> <b>3080 S Durango Dr Ste 20</b> <b>Las Vegas, NV 89117</b>		<b>Assignee or other notification for:</b> <b>Sprint</b>				
ACCOUNT NO. 3593 <b>Stellar Recovery</b> <b>C/O Comcast</b> <b>1327 Highway 2 W., Suite 100</b> <b>Kalispell, MT</b>		<b>Utility Service</b>				<b>376.99</b>

Sheet no. 12 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page)\$ **3,665.27**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0800 U.S. Department of Education C/O ACS PO Box 3295 Milwaukee, WI 53201		Student Loan				950.00
ACCOUNT NO. 0094 Van Ru C/O NorthShore University Healthsystems P.O. Box 1366 Des Plaines, IL 60017		Medical Service				54.53
ACCOUNT NO. 3002 Waste Managment Attn: Residential Billing 700 E. Butterfield Rd., 4th Floor Lombard, IL 60148		Refuse service				58.50
ACCOUNT NO. 2162 Waste Managment Attn: Residential Billing 700 E. Butterfield Rd., 4th Floor Lombard, IL 60148						83.04
ACCOUNT NO. 4905 Weil Foot And Ankle Institute 1455 E. Golf Rd Des Plaines, IL 60016		Medical				843.24
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. 13 of 13 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal  
(Total of this page) \$ **1,989.31**(Use only on last page of the completed Schedule F. Report also on  
the Summary of Schedules, and if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.) \$ **81,325.32**

Case No.



Debtor 1

**Walter Mendenhall**

First Name

Middle Name

Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ <b>9,892.18</b>	\$ _____
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>2,186.13</b>	\$ _____
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ <b>305.61</b>	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ _____
5e. Insurance	5e. \$ <b>785.22</b>	\$ _____
5f. Domestic support obligations	5f. \$ <b>1,111.98</b>	\$ _____
5g. Union dues	5g. \$ <b>0.00</b>	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ <b>0.00</b>	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <b>4,388.94</b>	\$ _____
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <b>5,503.24</b>	\$ _____
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ _____
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ _____
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ _____
8e. Social Security	8e. \$ <b>0.00</b>	\$ _____
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$ <b>0.00</b>	\$ _____
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ <b>0.00</b>	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <b>0.00</b>	\$ _____
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>5,503.24</b>	\$ _____
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$ <b>0.00</b>	\$ _____
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <b>5,503.24</b>	\$ <b>5,503.24</b>
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <b>Debtor starting second job with Kelloggs</b>		Combined monthly income

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Sonja Cherry-Mendenhall 715 Sedgwick Court Vernon Hills, IL 60048	Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346  Global Connections P.O. Box 5096 Chicago, IL 60680-5096

Fill in this information to identify your case:

Debtor 1 Walter Mendenhall  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Illinois

Case number  
(If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
\_\_\_\_ MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

17

- ☐ No
- ☒ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,200.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

Debtor 1

**Walter Mendenhall**

First Name

Middle Name

Last Name

Case number (if known)

	<b>Your expenses</b>
5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <u>0.00</u>
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>195.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>255.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>595.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>410.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>0.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>25.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>350.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>125.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>123.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>

Debtor 1

**Walter Mendenhall**

First Name

Middle Name

Last Name

Case number (if known)

21. **Other.** Specify: **See Schedule Attached**

21. **+\$ 1,255.00**

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$ 4,533.00**

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$ 5,503.24**

23b. Copy your monthly expenses from line 22 above.

23b. **-\$ 4,533.00**

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$ 970.24**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

**Debtor will need additional housing out of state.**

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**  
**Continuation Sheet - Page 1 of 1**

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Other Expenses	
<b>Boarding, Dog</b>	<b>150.00</b>
<b>Petcare, Dog</b>	<b>75.00</b>
<b>Grooming, Haircuts</b>	<b>300.00</b>
<b>Auto Repair, Maint, Licensing</b>	<b>700.00</b>
<b>Healthclub</b>	<b>30.00</b>

IN RE Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 32 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: March 9, 2015 Signature: /s/ Walter Mendenhall  
Walter Mendenhall

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)  
[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

IN RE:

Case No. \_\_\_\_\_

Mendenhall, Walter

Chapter 13

Debtor(s)

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

#### 1. Income from employment or operation of business

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

0.00 2015: Infosys: \$9,000  
2014: Infosys: \$118,680  
2013: Infosys: \$112,956

#### 2. Income other than from employment or operation of business

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☐ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Mendenhall v. Cherry-Mendenhall Divorce 13 D 748</b>		<b>Lake County, Illinois</b>	<b>Post-Judgment</b>

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Thomas W. Drexler 221 N LaSalle Street, Suite 1600 Chicago, IL 60601-0000</b>	<b>Jan 2015</b>	<b>1,190.00</b>

#### 10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE,  
RELATIONSHIP TO DEBTOR

DATE  
**June 2011**

DESCRIBE PROPERTY TRANSFERRED  
AND VALUE RECEIVED  
**3926 Columbia Drive  
Oakland, CA  
Residence sold in short sale**

- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

- None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

- None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **March 9, 2015** Signature /s/ Walter Mendenhall  
of Debtor **Walter Mendenhall**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ **0** continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

IN RE:

Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

Chapter 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **4,000.00**

Prior to the filing of this statement I have received ..... \$ **1,190.00**

Balance Due ..... \$ **2,810.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**March 9, 2015**

Date

**/s/ Thomas Drexler**

Thomas Drexler 03121687  
Thomas W. Drexler  
221 North LaSalle Street, Suite 1600  
Chicago, IL 60602

td@drexlaw.com

## UNITED STATES BANKRUPTCY COURT

### NOTICE TO CONSUMER DEBTOR(S) UNDER §342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

##### **Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your

discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1167 filing fee, \$550 administrative fee: Total fee \$1717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

IN RE:

Case No. \_\_\_\_\_

Mendenhall, Walter

Chapter 13

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 88

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: March 9, 2015

/s/ Walter Mendenhall

Debtor

\_\_\_\_\_  
Joint Debtor

Mendenhall, Walter  
7359 S. Luella  
Unit 1  
Chicago, IL 60649

American Medical Collection Agency  
Re: Quest Diagnostics  
P.O. Box 1235  
Elmsford, NY 10523

Chase Card  
Po Box 15298  
Wilmington, DE 19850

Thomas W. Drexler  
221 North LaSalle Street, Suite 1600  
Chicago, IL 60602

Aria Healthcare  
PO Box 802017  
Chicago, IL 60680

Chase National Payment Services  
PO Box 182223  
Columbus, OH 43218

09 Vanguard National Rent A Car  
5810 E Skelly Dr Ste 200  
Tulsa, OK 74135

AT&T  
P.O. Box 6428  
Carol Stream, IL 60197

Check & Go  
2083 Middlebelt  
Garden City, MI 48135

Abc Credit & Recovery  
4736 Main St Ste 4  
Lisle, IL 60532

Bilateral Co  
255 W 36th St Rm 505  
New York, NY 10018

Checkredit  
PO Box 11848  
Lexington, KY 40578-1848

Accelerated Rehab Centers  
2396 Momentum Pl  
Chicago, IL 60689

Blitt And Gaines  
C/O Midland Funding, LLC  
661 Glenn Ave  
Wheeling, IL 60090

City Of Oakland  
250 Frank H. Ogawa Plaze, 1st Floor  
Oakland, CA 94612

Accenture Ax  
255 W 36th St Rm 505  
New York, NY 10018

Blitt And Gaines  
C/O North Shore Gas  
661 Glenn Ave  
Wheeling, IL 60090

City Of Oakland  
Dept. 34374  
PO Box 39000  
San Francisco, CA 94139

ADT  
C/O National Actiona Financial Services  
P.O. Box 9027  
Williamsville, NY 14231

Brown & Joseph, LTD  
C/O Integrys Energy Services  
PO Box 59838  
Schaumburg, IL 60159-0838

Com Ed  
P.O. Box 1702  
New York, NY 10110-1702

Adt Security Service  
P.O. Box 371490  
Pittsburgh, PA 15250

Cap One  
Po Box 85520  
Richmond, VA 23285

Comcast  
1500 Market St  
Philadelphia, PA 19102

Allied Collection Serv  
3080 S Durango Dr Ste 20  
Las Vegas, NV 89117

CBSJ Financial Corp  
C/O Children's Hospital/Oakland  
PO Box 4115  
Concord, CA 94524

Comcast  
4500 Salisbury Rd Ste 10  
Jacksonville, FL 32216

Alta Bates Summit Medical Center  
3012 Summit St., 4th Floor  
Oakland, CA 94609

Chase Bank Usa N.a.  
8875 Aero Dr Ste 200  
San Diego, CA 92123

Comerica Bank  
P O Box 1838  
Ann Arbor, MI 48103

Credit Collection Services  
C/O Quest Diagnostics  
P.O. Box 55126  
Boston, MA 02205-5126

Firstsource Advantage  
PO Box 628  
Buffalo, NY 14240

Illinois Department Of Healthcare & Fami  
Division Of Child Support  
36 S. Wabash Ave  
Chicago, IL 60621

Credit Collection Services  
Commonwealth Edison  
P.O. Box 55126  
Boston, MA 02205-5126

Fremont Inv  
Pob 8208  
Orange, CA 92864

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

Directv  
P.O. Box 9001069  
Louisville, KY 40290

Geico  
One Geico Plaza  
Bethesda, MD 20811-0001

J & L Teamworks  
651 N. Cherokee Lane  
Lodi, CA 95240

Drakeshire Dental  
20793 Farmington Road  
Farmington Hills, MI 48336-5182

Global Connections  
P.O. Box 5096  
Chicago, IL 60680-5096

L J Ross Associates In  
P O Box 1838  
Ann Arbor, MI 48103

DTE Energy  
PO Box 740786  
Cincinnati, OH 45274-0786

Global Credit Collection  
300 International Dr  
Williamsville, NY 14221

Lake County Department Of Public Works  
650 W. Winchester Rd  
Libertyville, IL 60049-1391

East Bay Municipal Utility District  
PO Box 1000  
Oakland, CA 94649-0001

Global Netwk  
5320 College Blvd.  
Overland Park, KS 66211

Libertyville Vision Center  
307 S. Milwaukee Ave  
Libertyville, IL 60048

Ecmc  
1 Imation Place  
Oakdale, MN 55128

GM Financial  
PO Box 191145  
Arlington, TX 76096

LJ Ross Associates. Inc.  
C/O Comerica Bank  
PO Box 6099  
Jackson, MI 49204-6099

Educational Credit Management Corporatio  
ATTN: Treasury Offset  
PO Box 16288  
St. Paul, MN 55116

Harris & Harris  
111 W Jackson  
Suite 400  
Chicago, IL 60604

M A R S Inc  
5810 E Skelly Dr Ste 200  
Tulsa, OK 74135

Electronic Bill Payment Services  
PO Box 4544  
Carol Stream, IL 60197-4544

Harris & Harris Ltd  
111 W Jackson Blvd S-400  
Chicago, IL 60604

Med1 Accelerated Rehab Centers  
1824 W. Grand Ave Ste 200  
Chicago, IL 60622

F. Marie Cole  
203 N. LaSalle, Suite 2100  
Chicago, IL 60601

Illinois Bone & Joint Institute  
5057 Paysphere Cir  
Chicago, IL 60674-0050

Metro Square Dental Associates  
10 W. Phillip Rd., Suite 105  
Vernon Hills, IL 60061-1799

Midland Funding  
8875 Aero Dr Ste 200  
San Diego, CA 92123

Pacific Gas & Electric  
PO Box 997340  
Sacramento, CA 95899

Slm Financial Corp  
Po Box 9500  
Wilkes-barre, PA 18773

National Payment Center  
P.O. Box 105028  
Atlanta, GA 30348-5028

Palo Alto Medical Foundation  
PO Box 60000  
San Francisco, CA 94160

Sn Servicing  
323 5th St  
Eureka, CA 95501

Nationwide Credit, Inc.  
P.O. Box 26314  
Lehigh Valley, PA 18002

Peoples Engy  
200 East Randolph  
Chicago, IL 60601

Sonja Cherry-Mendenhall  
715 Sedgwick Court  
Vernon Hills, IL 60048

North Shore Gas  
PO Box 19083  
Green Bay, WI 54307-0083

Portfolio Recovery Associates LLC  
P.O. Box 12914  
Norfolk, VA 23541

Source Receivables Man  
4615 Dundas Dr Ste 102  
Greensboro, NC 27407

North Shore Gas  
111 W Jackson Blvd S-400  
Chicago, IL 60604

Professional Recovery Systems  
PO Box 5790  
Vacaville, CA 95696-5790

Sprint  
3080 S Durango Dr Ste 20  
Las Vegas, NV 89117

North Shore Gas Company  
4615 Dundas Dr Ste 102  
Greensboro, NC 27407

Quest Diagnostics  
C/O AMCA  
P.O. Box 1235  
Elmsford, NY 10523

Stellar Recovery Inc  
4500 Salisbury Rd Ste 10  
Jacksonville, FL 32216

North Shore University Healthsystem  
Attn: Billing Department  
23056 Network Place  
Chicago, IL 60673-1230

RDG Fund 5, LLC  
30 S. Wacker Dr., Suite 1635  
Chicago, IL 60606

U.S. Department of Education  
C/O ACS  
PO Box 3295  
Milwaukee, WI 53201

Northstar Location Services  
4285 Genessee Street  
Cheektowaga, NY 14225-1943

Receivables Performance Managment  
20816 44th Ave W  
Lynwood, WA 98036

Van Ru  
C/O NorthShore University Healthsystems  
P.O. Box 1366  
Des Plaines, IL 60017

Old Kent Bank - Chicago  
1 Imation Place  
Oakdale, MN 55128

Renaissance Reovery Services, Inc.  
PO Box 1095  
Park Ridge, IL 60068

Waste Managment  
Attn: Residential Billing  
700 E. Butterfield Rd., 4th Floor  
Lombard, IL 60148

Optimumsports Spinal Rehab.  
4736 Main St Ste 4  
Lisle, IL 60532

Robertson & Associates  
C/O Data-Central, LLC  
7915 S. Emerson Ave., Suite B-230  
Indianapolis, IN 46237

Weil Foot And Ankle Institute  
1455 E. Golf Rd  
Des Plaines, IL 60016

Fill in this information to identify your case:

Debtor 1 **Walter Mendenhall**  
First Name Middle Name Last Name

Debtor 2  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **Northern District of Illinois**

Case number  
(If known)

☐ Check if this is an amended filing

## Official Form 22C-2

### Chapter 13 Calculation of Your Disposable Income

12/14

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. **The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

1

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 583.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1

**Walter Mendenhall**  
First Name Middle Name Last Name

Case number (if known)

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ 60.00

7b. Number of people who are under 65 X 1

7c. Subtotal. Multiply line 7a by line 7b.

\$ 60.00

Copy line  
7c here →

\$ 60.00

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person \$ 144.00

7e. Number of people who are 65 or older X 0

7f. Subtotal. Multiply line 7d by line 7e.

\$ 0.00

Copy line  
7f here →

+ \$ 0.00

7g. **Total.** Add lines 7c and 7f. ....

\$ 60.00

Copy total  
here →

7g. \$ 60.00

**Local Standards**

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities – Insurance and operating expenses
- Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 485.00

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 1,339.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
----------------------	-------------------------

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ + \$ \_\_\_\_\_

9b. Total average monthly payment .....

\$ 0.00

Copy line  
9b here →

– \$ 0.00

Repeat this amount  
on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$ 1,339.00

Copy 9c here →

\$ 1,339.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. \$ 0.00

Explain why:

\_\_\_\_\_  
\_\_\_\_\_

Debtor 1

**Walter Mendenhall**

First Name

Middle Name

Last Name

Case number (if known)

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.  
☒ 1. Go to line 12.  
☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$ **262.00**

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1**

Describe  
Vehicle 1:

13a. Ownership or leasing costs using IRS Local Standard

13a. \$ **517.00**

13b. Average monthly payment for all debts secured by Vehicle 1.  
Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1

Average monthly  
payment

\$ **0.00**

Copy 13b  
here →

— \$ **0.00**

Repeat this amount  
on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.

13c. \$ **517.00**

Copy net Vehicle 1  
expense here →

\$ **517.00**

**Vehicle 2**

Describe  
Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard

13d. \$ **0.00**

13e. Average monthly payment for all debts secured by Vehicle 2.  
Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

Average monthly  
payment

\$ **0.00**

Copy here →

— \$ **0.00**

Repeat this amount  
on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from 13d. If this number is less than \$0, enter \$0.

13f. \$ **0.00**

Copy net Vehicle 2  
expense here →

\$ **0.00**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$ **0.00**

Debtor 1

**Walter Mendenhall**

First Name

Middle Name

Last Name

Case number (if known)

**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. \$ 2,186.13  
Do not include real estate, sales, or use taxes.
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$ 0.00  
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$ 0.00  
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$ 1,111.98  
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
20. **Education:** The total monthly amount that you pay for education that is either required: \$ 0.00  
☐ as a condition for your job, or  
☐ for your physically or mentally challenged dependent child if no public education is available for similar services.
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$ 0.00  
Do not include payments for any elementary or secondary school education.
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$ 0.00  
Payments for health insurance or health savings accounts should be listed only in line 25.
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$ 0.00  
Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 22C-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ 6,544.11  
Add lines 6 through 23.

**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- |                        |           |                      |   |
|------------------------|-----------|----------------------|---|
| Health insurance       | \$        | <u>785.22</u>        |   |
| Disability insurance   | \$        | <u>0.00</u>          |   |
| Health savings account | + \$      | <u>0.00</u>          |   |
| <b>Total</b>           | <b>\$</b> | <b><u>785.22</u></b> | Copy total here → <span style="float: right;">\$ <u>785.22</u></span> |
- Do you actually spend this total amount?
- ☐ No. How much do you actually spend? \$ 0.00
- ☒ Yes
26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ 0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ 0.00  
By law, the court must keep the nature of these expenses confidential.

Debtor 1

**Walter Mendenhall**

First Name

Middle Name

Last Name

Case number (if known)

28. **Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

\$ 0.00

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$156.25\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

\$ 0.00

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

\$ 0.00

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

+ 0.00

Do not include any amount more than 15% of your gross monthly income.

32. **Add all of the additional expense deductions.**

Add lines 25 through 31.

\$ 785.22

#### Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

#### Mortgages on your home

33a. Copy line 9b here ..... → \$ 0.00

#### Loans on your first two vehicles

33b. Copy line 13b here. .... → \$ 0.00

33c. Copy line 13e here. .... → \$ 0.00

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

33d. GM Financial 2010 Chevrolet Tahoe

☒ No \$ 475.17

☐ Yes

33e. \_\_\_\_\_

☐ No \$ \_\_\_\_\_

☐ Yes

33f. \_\_\_\_\_

☐ No + \$ \_\_\_\_\_

☐ Yes

33g. Total average monthly payment. Add lines 33a through 33f. .... \$ 475.17

Copy total here →

\$ 475.17

Debtor 1

**Walter Mendenhall**

First Name

Middle Name

Last Name

Case number (if known)

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?



No. Go to line 35.



Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
_____	_____	\$ _____ ÷ 60 =	\$ _____
_____	_____	\$ _____ ÷ 60 =	\$ _____
_____	_____	\$ _____ ÷ 60 = + \$ _____	

Total

\$ **0.00**

Copy  
total  
here →

\$ **0.00**

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.



No. Go to line 36.



Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims. .... \$ **14,833.20** ÷ 60 \$ **247.22**

36. Projected monthly Chapter 13 plan payment

\$ **103.07**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

X **5.6%**

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

\$ **103.07**

Copy  
total  
here →

\$ **103.07**

37. Add all of the deductions for debt payment. Add lines 33g through 36.

\$ **825.46**

### Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances..... \$ **6,544.11**

Copy line 32, All of the additional expense deductions..... \$ **785.22**

Copy line 37, All of the deductions for debt payment..... + \$ **825.46**

Total deductions

\$ **8,154.79**

Copy  
total  
here →

\$ **8,154.79**

Debtor 1

**Walter Mendenhall**

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**39. **Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** \$ 9,892.1840. **Fill in any reasonably necessary income you receive for support for dependent children.**

The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.

\$ 0.0041. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).\$ 0.0042. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here ➔ \$ 8,154.7943. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances

Amount of expense

43a. \_\_\_\_\_ \$ \_\_\_\_\_

43b. \_\_\_\_\_ \$ \_\_\_\_\_

43c. \_\_\_\_\_ + \$ \_\_\_\_\_

43d. **Total.** Add lines 43a through 43c.....\$ 0.00Copy 43d  
here ➔+ \$ 0.0044. **Total adjustments.** Add lines 40 and 43d. ➔\$ 8,154.79Copy total  
here ➔- \$ 8,154.7945. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39.\$ 1,737.39**Part 3: Change in Income or Expenses**46. **Change in income or expenses.** If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	\$ _____

Debtor 1

**Walter Mendenhall**

First Name

Middle Name

Last Name

Case number (if known)

Part 4:

Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

**X**

**/s/ Walter Mendenhall**

Signature of Debtor 1

**X**

Signature of Debtor 2

Date **March 9, 2015**

MM / DD / YYYY

Date

MM / DD / YYYY

IN RE:

Mendenhall, Walter

Debtor(s)

Case No. \_\_\_\_\_

Chapter 13

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

**Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Mendenhall, Walter  
Printed Name(s) of Debtor(s)

**X** /s/ Walter Mendenhall  
Signature of Debtor

**3/09/2015**  
Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_  
Signature of Joint Debtor (if any) Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.